

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	phs	69134	9/23/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SS	69134	11-05-00
RESPONSE FORMALITY REVIEW		Calc 7/1	17-5/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	7/14/00
2	7/14/00
3	-
4	-
5	-
6	✓
7	-
8	-
9	✓
10	✓
11	✓
12	✓
13	✓
14	-
15	✓
16	✓
17	✓
18	✓
19	✓
20	-
21	✓
22	-
23	-
24	✓
25	✓
26	✓
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28	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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